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1095 7590 01/24/2011

NOVARTIS  
CORPORATE INTELLECTUAL PROPERTY  
ONE HEALTH PLAZA 101/2  
EAST HANOVER, NJ 07936-1080

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or to the facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                     |                    |
|---------------------|--------------------|
| <b>Karen Zielen</b> | (Depositor's name) |
| <i>Karen Zielen</i> | (Signature)        |
| April 12, 2011      | (Date)             |

|                 |             |                      |                     |                  |
|-----------------|-------------|----------------------|---------------------|------------------|
| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|

10/828,765

04/20/2004

James Fink

PAT053428-US-NP

5232

TITLE OF INVENTION: VENTILATION SYSTEMS AND METHODS EMPLOYING AEROSOL GENERATORS

|             |              |               |                     |                      |                  |          |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional

NO

\$1510

\$300

\$0

\$1810

04/25/2011

|          |          |                |
|----------|----------|----------------|
| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|

OSTRUP, CLINTON T

3771

128-203120

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michael J. Mazza

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Novartis AG

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Basel, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies \_\_\_\_\_

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Michael J. Mazza*

Date

April 8, 2011

Typed or printed name

Michael J. Mazza

Registration No.

30,775

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